

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURNSee "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Charles Saldarriaga	COURT CASE NUMBER 1:25-cv-01115-RPK-JRC
DEFENDANT The City of New York et al	TYPE OF PROCESS O, S, C

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
SERVE { City of New York, Office of Corporation Counsel
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 100 Church Street New York, NY 10007

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 3
PRO SE Charles Saldarriaga 1-20 Astoria Blvd. Apt. 4H Astoria, NY 11102	Number of parties to be served in this case 5
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

FILED
IN CLERK'S OFFICE
U.S. DISTRICT COURT E.D.N.Y.
★ APR 01 2025 ★
Fold

Signature of Attorney other Originator requesting service on behalf of: <i>V. Martinez</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER BROOKLYN OFFICE (718) 613-2610	DATE 3/10/25
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 53	District to Serve No. 53	Signature of Authorized USMS Deputy or Clerk <i>J. Henney</i>	Date 3/10/25
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) <i>NYC law dep. A. Goebles</i>	<input checked="" type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
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Address (complete only different than shown above)	Date 3/25/25	Time 1137	<input checked="" type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy <i>Henney</i> 32457		

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:
CC: 11 A 11 32 5/25/25

CITY OF N.Y. LAW DEPT.
OFFICE OF CORP. COUNSEL
COMMUNICATIONS UNIT

PRINT 5 COPIES: 1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Charles Saldarriaga	COURT CASE NUMBER 1:25-cv-01115-RPK-JRC
DEFENDANT The City of New York et al	TYPE OF PROCESS O, S, C

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
SERVE AT Detective Eric Bolger, Document Fraud Squad, NYPD 33rd Precinct
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
2207 Amsterdam Avenue, Room 205 New York, NY, 10032

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 3
PRO SE Charles Saldarriaga 1-20 Astoria Blvd. Apt. 4H Astoria, NY 11102	Number of parties to be served in this case 5
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of: <u>V. Martinez</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (718) 613-2610	DATE 3/10/25
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 03	District to Serve No. 03	Signature of Authorized USMS Deputy or Clerk <u>R. nonney</u>	Date 3/14/25
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) <u>officer Mehaj 27344</u>	<input checked="" type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
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Address (complete only different than shown above)	Date 3/24/25	Time 1PM	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm
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Signature of U.S. Marshal or Deputy
H. Lopez 32457

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

PRINT 5 COPIES: 1. CLERK OF THE COURT

2. USMS RECORD

3. NOTICE OF SERVICE

4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

**U.S. Department of Justice
United States Marshals Service**

PROCESS RECEIPT AND RETURNSee *"Instructions for Service of Process by U.S. Marshal"*

PLAINTIFF Charles Saldarriaga	COURT CASE NUMBER 1:25-cv-01115-RPK-JRC
DEFENDANT The City of New York et al	TYPE OF PROCESS O, S, C

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
AT Sergeant Det. William J. Planeta, Document Fraud Squad, NYPD 33rd Precinct
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 2207 Amsterdam Avenue, Room 205 New York, NY, 10032

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	3
PRO SE Charles Saldarriaga 1-20 Astoria Blvd. Apt. 4H Astoria, NY 11102	Number of parties to be served in this case	5
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of: <i>V. Martinoz</i>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	(718) 613-2610	3/10/25

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 03	District to Serve No. 03	Signature of Authorized USMS Deputy or Clerk <i>J. Kennedy</i>	Date 3/14/25
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) <i>Officer Mehta 2344</i>	<input checked="" type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date <i>3/24/25</i> Time <i>1314</i> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Signature of U.S. Marshal or Deputy <i>John Kennedy</i> 32457	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS: